

No.	19–53	
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## RESOLUTION

ACCEPTING A GIFT TO THE CITY FROM THE QUEEN'S HEALTH SYSTEMS FOR THE SUPPORT OF EMERGENCY MEDICAL SERVICES OPERATIONS.

WHEREAS, Section 13-113 of the Revised Charter of the City and County of Honolulu 1973 (2017 Edition), provides the City Council ("Council") with the authority to accept gifts to the City; and

WHEREAS, Resolution 05-349, CD1, FD1, establishes a policy of the Council for the solicitation and acceptance of gifts donated to the City; and

WHEREAS, the policy provides for the acceptance of the gift by affirmative action by the Council; and

WHEREAS, through a letter, approved by the Managing Director, the Director of the Honolulu Emergency Services Department has submitted a request to the Council for acceptance of a gift to the City from The Queen's Health Systems of \$18,000.00 for the support of Emergency Medical Services Operations; and

WHEREAS, the description and value of the gift are set forth in the Declaration of Gift attached hereto as Exhibit A and incorporated herein; now, therefore,

BE IT RESOLVED by the Council of the City and County of Honolulu that this body accepts the gift of \$18,000.00 from The Queen's Health Systems that is more fully described in the above-mentioned letter from the Declaration of Gift attached as Exhibit A; and

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## **RESOLUTION**

BE IT FINALLY RESOLVED that copies of this resolution be transmitted to the Director of the Honolulu Emergency Services Department and The Queen's Health Systems, 1301 Punchbowl Street, Honolulu, Hawaii 96813

	INTRODUCED BY:
	Mm Kohayashu (br)
	n <del></del> a
	Councilmembers
Date of Introduction:	
MAR 1 2019	
Honolulu, Hawaii	

## City and County of Honolulu Declaration of Gift

Donor Name	The Queen's Health Systems
Donor Address	1301 Punchbowl Street
	Honolulu, HI 96813
Donor Telephone No.	(808) 691-4988
Statement of Ownership and/or 7	Terms of Conveyance:
Company services are being done Emergency Medical Services Div	ated to the Honolulu Emergency Services Department, vision.
Description of Gift and Value: (Attach documentation to suppor	t the value and purpose of the gift, i.e. invoice, receipt, etc.)
Annual Licensing Fee - Tier 3 (\$	response application available to the public. PulsePoint 18,000). I year commitment. Serving population size formance reliability and supports future upgrades.
Additional documentation can be	found on PulsePoint Invoice # 11199.
Should with	

Sharlene K. Tsuda

Print Donor's Name

Donor's Signature

Date

Secretary

Donor's Title

## CITY COUNCIL CITY AND COUNTY OF HONOLULU HONOLULU, HAWAII CERTIFICATE

**RESOLUTION 19-53** 

Introduced:

03/01/19

By:

ANN KOBAYASHI - BY REQUEST

Committee:

**PUBLIC SAFETY AND** 

WELFARE

Title:

RESOLUTION ACCEPTING A GIFT TO THE CITY FROM THE QUEEN'S HEALTH SYSTEMS FOR THE SUPPORT OF

EMERGENCY MEDICAL SERVICES OPERATIONS.

Voting Legend: \* = Aye w/Reservations

03/28/19	PUBLIC SAFETY AND WELFARE	CR-103 – RESOLUTION REPORTED OUT OF COMMITTEE FOR ADOPTION.
04/17/19	COUNCIL	CR103 AND RESOLUTION 19-53 WERE ADOPTED.
		9 AYES: ANDERSON, ELEFANTE, FORMBY, FUKUNAGA, KOBAYASHI, MANAHAN, MENOR, PINE, TSUNEYOSHI.

I hereby certify that the above is a true record of action by the Council of the City and County of Honolulu on this RESOLUTION.

GLEN I. TAKAHASHI, CITY CLERK

ANN H. KOBAYASHI, INTERM CHAIR AND PRESIDING OFFICER